PTO/SB/17 (10-08)

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Under the Paperwork Reduction	Act of 1995	5 no persons are regu	ared to re	spond to a collection	n of inform	ation unless it displays	a valid OMB control number				
Effective	40.4m	Complete if Known									
Fees pursuant to the Consolidat		Application Number 10/5		10/518,201	/518,201						
FEE TRA	\L	Filing Date		October 6, 2005							
For		First Named Inventor We		/ei T. Huang							
П.		Examiner Name Tae H. Yoon									
Applicant claims small e		Art Unit 1796									
TOTAL AMOUNT OF PAYM	ENT (S	810.00		Attorney Docke	t No.	H0005631.68465	USA				
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 500977 Deposit Account Name: Buchalter Nemer											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
✓ Charge fee(s) indicated below											
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING; information on this form may become public. Credit card information should not be included on this form. Provide credit card											
information and authorization of	n PTO-203	есоте рионс, стеат 8.	card in	formation should h	lot be inci	uoed on this form. Fi	ovide credit card				
FEE CALCULATION											
1. BASIC FILING, SEAR											
	FILING	FEES Small Entity	SEAF	RCH FEES Small Entity	EXAM	INATION FEES Small Entity					
Application Type	Fee (\$)	Fee (\$)	Fee (S	Fee (\$)	Fee	(\$) Fee (\$)	Fees Paid (\$)				
Utility	330	165	540	270	220	110					
Design	220	110	100	50	140	70					
Plant	220	110	330	165	170	85					
Reissue	330	165	540	270	650	325					
Provisional	220	110	0	0	0	0					
2. EXCESS CLAIM FEE						Fee (\$)	Small Entity Fee (\$) 26				
Each claim over 20 (ir Each independent clai			100)			220	110				
Multiple dependent cla		(menumg Keisse	ics)			390	195				
	Extra Cla	ms Fee (\$)	Fe	e Paid (\$)		Multiple De	pendent Claims				
- 20 or HP =		x	. =			Fee (\$)	Fee Paid (\$)				
HP ≈ highest number of total of Indep. Claims	daims paid Extra Clai		Fe	e Paid (\$)							
- 3 or HP =		x	. =								
HP = highest number of indep		ns paid for, if greater th	uan 3.								
 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR (.52(c)), the application size fee due is \$270 (5135 for small entity) for each additional 50 											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (5) Fee Paid (5)											
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)											
Other (e.g., late filling surcharge): RCE / 810.00											
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Signature	Allula.	MA	MM	Mu	Registration No. (Attorney/Agent) 46,264	Telephone 949-224-6282
Name (Print/Type)	Sandra P. Thompson		U			Date 2-4-09

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